

VI. *An Account of the Morbus Strangulatorius, communicated in a Letter from John Starr, M. D. to C. Mortimer, M. D. Secret. R. S. &c.*

S I R,

Liskard, Jan. 10. 1749

Read May 24.
1750.

IT is not, I'll assure you, an Itch for Scribbling, but the Concern I feel in my own Breast for the Happiness and Well-being of my Fellow-Creatures, which has occasioned my sending you the Papers, which this accompanies. We have had ravaging among us for some time, at certain Seasons, a Disease formidable in its Advances, and fatal in its Consequences, I mean an occult *Angina*, called with some Propriety *Morbus Strangulatorius*. Dr. *Fothergil's* sore Throat with Ulcers, and Dr. *Cotton's* St. *Alban's* scarlet Fever, &c. are in my Opinion but its Shadows. None practising in those Parts have reason to boast their Success in attempting its Cure. The Way to cure Disorders is first to know them. Where the Deviations of Nature are hidden, where we cannot discern how and in what manner the distressed Functions suffer, the Art of Healing must have its Difficulties. The sudden, and indeed unexpected Death of some Patients greatly alarmed me. I concluded the Cause deeper than at first imagined. The Case herewith sent, confirms my Conjecture. It is extraordinary and uncommon. Does medical History afford its like? It is possible it may, but it has not yet fallen within the Compass of

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my Reading, or Study. *Tulpius's* Observation, *Lib. iv. Cap. ix.* falls vastly short of it.

The Figures (*see TAB. I. Fig 1. 2.*) I. have sent in order to give you clear and just Ideas of the Case, are drawn with great Truth and Exactness. Should Vouchers be necessary for a Confirmation of the Fact, I can send you many. But I am satisfied Dr. *Mortimer* will scarce think me capable of attempting an Imposition on Mankind in so important an Affair.

I have been, I own, somewhat prolix: If you think the Whole, or any Part, worthy Publication, you are at Liberty to treat it in the Manner that is most agreeable. I should be glad from the Premises to see a rational Method of attempting a Cure pointed out. I please myself with believing you have not quite forgot me, when I add, that I am, with great Regard,

S I R,

Your most humble Servant,

JOHN STARR.

THE *Morbus Strangulatorius*, with great Propriety and Justice thus denominated, has within a few Years reigned in several Parts of *Cornwal* with great Severity. Many Parishes have felt its Cruelty, and whole Families of Children, whence its contagious Nature is but too evident, have, by its successive Attacks, been swept off. Few, very few, have escaped.

I do not propose to send you an accurate History of this Disorder. This I chearfully leave to such Gentlemen as have been more conversant in Practice among us, and whose Penetration, and Judgment, are

are undoubtedly far superior to mine. However, as the Observations these Papers contain are in themselves just, honestly, and truly, tho' with great Plainness and Simplicity, related, so they are not perhaps unworthy the Knowledge of the Public, and Consideration of even the greatest in the Profession.

It is enough to say, that the Disorder does not appear with the same Train of Symptoms in every Subject. On the contrary, a vast Difference is observable; but then, whatever, or how various soever, the Symptoms may be, there is a certain Degree of Malignity, or (which is what I mean) there are Signs of a putrid Disposition of the Juices, in all.

Some, I am informed, have had corrosive Pustules in the Groin, and about the *Anus*, eating quick and deep, and threatening Mortification, even in the Beginning. Others after a few Days Illness have had Numbers of the worst and deepest *Petechia* break out in various Parts of their Body. Such I have not seen.

Many on the first Attack have complained of Swellings of the Glands, as Tonsils, Parotids, submaxillary and sublingual Glands, but frequently of no great Importance. A few, from an internal Tumor, have had a large external oedematous Swelling of the subcutaneous and cellular Tunic, from the Chin down to the Thyroid Gland, and up the Side of the Face. One such I was concerned with, the Tumor broke in the *Fauces*; but, instead of a laudable Pus, some Ounces of a Coffee-coloured exceedingly fetid Matter were spit off. The Man recovered. As Respiration only suffered here by

Pressure, I should rather choose to call this a malignant *Angina*, than the true *Morbus Strangulatorius*.

Not a few early in the Disorder have had gangrenous Sloughs formed in their Mouths, and perhaps so early in some, that the Disorder was scarce complained of, till the Slough was formed, so quick has it been in its Progress.

Others again, without any of the preceding Symptoms, have only complained of a slight Pain in swallowing, succeeded with a hot Flesh, feverish Pulse (never quick and weak, but as to the Stroke quick, and sufficiently full and strong), a short, low, heaving, hoarse Cough (the Patient generally so hoarse as to be difficultly understood after a Day or two's Illness), which, sooner or later, for I never could observe any certain Period, was productive of a difficult, noisy, and strangulating Respiration.

These Last, especially the Former of them, I esteem as the pathognomonic Symptoms of the real *Morbus Strangulatorius*: The above-mentioned are rather *Symptomata Causæ, quam Morbi*.

I have not mentioned a *Fætor Oris*, which, when it happens, is usually an early Symptom, because, tho' some have had it, others have had it not.

This Respiration, however agonizing it appears, has, especially in the Beginning, its Remissions, and Exacerbations. Its Cause cannot of course be permanent. I take it to be owing to a Lodgment of some Matter in or about the *Glottis*, and *Larynx* thro' which the inspired Air is obliged to pass: While this Matter is capable of being expectorated, and happens to be coughed off, the Breathing for a time becomes free, and the Patient is delivered from the
utmost

utmost seeming Distress; but, on its Recollection, which, if the Progress of the Disorder cannot be stopt, never fails to happen, this Symptom again occurs, and the Patient either dies suddenly, or, being worn out, or quite dispirited, sinks away gradually, or, falling into Convulsions, in these expires.

I was called to a Girl of five Years old. Her Tongue was quite clean; she could move it every way as in Health. Nothing morbid was seen in her Mouth, or indeed *Fauces*: She had a trifling Pain in swallowing (it was felt on depressing the *Epiglottis* for the passing the Bole), not sufficient to prevent her from eating Bread and Butter, Biscuit, Figs. It was on the 4th Day of her Disorder, she had the strangulating Respiration, with a Cough exceeding hoarse. After the Use of a stimulating Gargle, &c. her Cough became stronger, and she threw off a large Quantity of white rotten Flesh, or Membranes, mixt with a slimy adhesive Matter; her Respiration became so easy, that she seemed to ail nothing. In three Hours it grew again difficult, and gradually increased till it arrived at its former Violence. Those about her fancied there was somewhat in the Passage which ought to come off: The Child gargled, and provoked her Cough as far as she was able, but in vain. Her Agonies increasing, she said, as well as she was able, I shall be choaked, and in a few Minutes died. This Case shocked me, being satisfied, that somewhat very extraordinary and uncommon could only occasion so sudden, and to Appearance, violent a Death.

I have frequently examined the Matter those Patients have at times spit. Tho' there was some Difference

Difference in various Subjects, yet I never once saw a well-digested or concocted Phlegm, or *Mucus*, on the contrary, the greatest Part was of a Jelly-like Nature, glary, and somewhat transparent, mixt with a white opaque thready Matter, sometimes more, sometimes less, resembling a rotten membranous Body or Slough.

Such a Slough I have seen generated on the Skin of one of these Patients in the Neck and Arm, where Blisters had been before applied. The Blisters had been dressed with Colewort-leaves, and ran but little; but, contiguous to them, small red Pustules, not exceeding fiery, arose, which, sweating plentifully in a few Hours, became quite white: These, hourly enlarging their Bases, united, and covered a large Surface, fresh Pustules arising in the adjacent Parts. This white Surface had the Aspect of an oversoaked Membrane, which, being oversoaked, was become absolutely rotten. The Part blistered, if not quite, was in Effect dry, and the Flux from the Slough was incredibly great. If I mistake not, Cloths ten times double, the Child's Shift, a double Bed-gown, were wet quite through, and a large Spot was seen in the Bed of some Hands Breadth; and this in a very few Hours. I scratched the Slough with my Nail; it separated with Ease, and without being felt by the Child. What my Nail took off afforded the same Appearance with the Matter of the Spittle before-mention'd. Hence, I thought, I saw sufficient Reason to convince me that the Disorder in the *Larynx* and *Aspera Arteria* was similar to this, generated in the same manner, and arising from the same internal Cause: And supposing this Conjecture true, the
Production

Production of every Symptom seems easy to be accounted for.

In Dec. 1748, while the *Morbus Strangulatorius* was among us at *Liskard*, a Child here and there had red Pustules, not unlike the above, which broke out in the Nape of the Neck, and threw off a surprising Quantity of thin transparent Ichor, vastly glutinous when dry. These were easily cur'd in the Beginning, if managed aright; but, being drawn with Colewort-leaves, or pulvis'd according to the Direction of our old Female Practitioners (too often the Case) the above-mention'd Slough was soon generated. I was desired to look on a poor Person's Child in this unhappy Situation; who, with little Intermiſſion for I think near two Days, had bled profusely at the Nose; her Pulse was almost gone; the Bleeding was with Difficulty stopt; but, being quite exhausted, in about 6 Hours she sunk in a faint Fit. The Slough had spread from Shoulder to Shoulder, extended full a Third down her Back, and seem'd very thick. All treated in the above Manner died. Scarifying afforded no Relief.

Now, tho' this was not properly the *Morbus Strangulatorius*, yet I apprehend it was analogous to it, and produced from the same Cause; and it is likely, had the anatomical Knife been employed, what was seen on the Back of one, might have been discover'd in the *Asperia Arteria* of the other. There is a Circumstance which adds to the Probability of this Opinion, *viz.* in one or more Instances, these different Disorders appear'd in different Subjects, in the same Family, at the same time.

What

What I have hitherto said, does not, I own, demonstrate the Case to be as represented, but the following History throws the strongest Light on this dark, mysterious Affair, renders the Disorder, by its Consequences affrightful, even shocking to the Imagination, accounts for its too common Fatality, and must convince of the great Difficulty of the Cure, if in itself possible, unless attempted with Judgment in the very Beginning,

Dec. 11, 1749, I was call'd to the Son of Mr. *Kitto*, an honest and deserving Farmer in the Parish of *St. Eve*, a Lad aged 10 Years and an half. This was the 7th Day of his Illness.

His first Complaints were, a Pain in swallowing, not great; a Cough, hoarse, vexatious, like an incipient Catarrh, a Pain on coughing shot into his Ears. This was still felt at times; a thin Ichor ran from his Mouth in great Plenty, supposed to be a Quart, or three Pints daily. His Pain in swallowing was now so trifling, that I saw him drink a considerable Draught without removing the Vessel. He was now so hoarse that he could scarce be heard. His Cough was rough, low, short, and ineffectual; breath'd with much Straitness and Noise, especially in Inspiration; the Wheezing or Rattling might be heard at a great Distance, was always worse during a coughing Fit, or for a short time after. When he spit by the Cough, it was glary, but glutinous; a whitish rotten sort of Stuff would sometimes accompany it; its Quantity never great.

Examining his Mouth, he could move his Tongue every Way without the least Pain; forward it was clean, but behind a little furr'd. Depressing it with

a *Spatula*, a white Body was seen on the *Velum pendulum palatinum* and Tonsils. I desired Mr. *Scotcburn*, a Surgeon present, to examine with his *Forceps*, if this Body adher'd firmly to the *Velum*, or was loose; on Trial he found it strongly adher'd. The Lad complain'd of no Pain on his taking hold of it. The circumambient Parts of a somewhat deeper Red than natural; his Breath stinking, and highly offensive.

He was but little thirsty; Pulse quick, but sufficiently strong; slept but little; what Sleep he had was disturb'd; he breath'd much better up than in Bed; here he was always in Danger of Suffocation, and fear'd it.

After pronouncing a Prognostic disagreeable to myself, and all concerned, I order'd the Slough, as I then thought it, to be well rubb'd once in three Hours with a Mixture acuated with *Spir. Sal. marin.* by means of a Silver Probe arm'd with Cotton, after which, an astringent, detergent, antiseptic Gargle was to be frequently us'd, and a cordial Mixture to be taken at proper Intervals.

After rubbing with the Probe, &c. twice, and gargling often, in a violent Fit of Coughing with a deal of slimy filthy Stuff from the Pipe of the Lungs, the Membrane (TAB. I. Fig. 1.) separated from the *Velum Palatinum*.

It was really the external and mucous Coat of the Part, was not rotten like a Slough, but retain'd, tho' dead, its membranous Structure, was strong, would bear handling, and stretching without breaking. It was at first thick (as near as I could guess from a Bit remaining on the right Side of the *Uvula* parted

from the Hollow (*a*) in the Figure, of about the Third of a Barley-corn in Length) having its Fibres and Cavities soak'd with a very viscid and slimy Matter, which, by washing in Water, leak'd off, when the Membrane became evidently thinner.

The Lad immediately, as I was told, breath'd better, without that Noise and Wheezing heard before, and was less hoarse; not, I am satisfied, from the Separation of the Membrane, but from that Load of Filth discharg'd at the same Point of Time from the distress'd respiratory Passages.

But, as usual, this Relief did not prove lasting. In an Hour and half the noisy Respiration began anew, his Hoarseness increased, and his Cough, tho' short and low, was busy and vexatious; now he appear'd as if quite strangled, and in the Agonies of Death; now he would again revive; for a few Days he was interchangeably in these different States; at length his Father perceiving somewhat in his Mouth, which he thought thick Phlegm, thrust in his Finger and Thumb, and, taking hold of it, drew it out. It was a hollow Bag, as he thought, filled with Rot and Corruption, for a considerable Quantity run out of it. It was, when full, he said, as big as his Thumb, and of many Inches in Length. The Agonies of the Child, during these Moments, were not to be express'd; his Face was livid or black; but, being freed from this Burthen, he soon reviv'd, smil'd, and said, now I am easy. Being put to Bed, he soon slept, and continued to have short Naps for two Hours.

I got to the House, being sent for in the Beginning of the Lad's Extremity, a few Minutes after the Affair was thus concluded. The Account greatly surprised

prised me; but I was more surpris'd, when, on Sight, I found the suppos'd Bag was the mucous Coat of Part of the *Larynx*, the whole *Aspera Arteria*, with the grand Division of the bronchial Ramifications. I spread it on Paper, for the Convenience of Carriage, being some Miles from home, and thence took its Likeness with great Exactness, as here sent you, TAB. I. *Fig. 2.* There was somewhat bloody visible about its Middle. It was more rotten and tender than the former, also somewhat thicker, excepting where it belonged to the Branches of the *Bronchia*. What sweat'd from it was as sticking as Bird-lime. It was probable this morbid Affection ran thro' the whole *Bronchia*; for the Ends plainly discover'd a Laceration; consequently much more remain'd to be separated and discharg'd.

He now complain'd of Soreness in the Pipe, and pointed to the first and second *Costa*, as the Place of its Termination. His Inspiration was now free, soft, but short: His Pulse was become a little more frequent and weaker.

Examining his Mouth, no Ulcer or Wound was discernible in that Part of the *Velum*, &c. to which *Fig. 1.* adher'd. 'Twas smooth, clean, and look'd only like a new Skin not quite harden'd.

While I was in the House, he spit off another Membrane of an irregular Figure, thinner than either of the former, but more than sufficient to cover a Crown-Piece. It came from the *Fauces*.

After this I was inform'd he brought off with Difficulty another tubular Membrane of some Length; and whenever he had Strength to expectorate, little

Bits of the same were observed mix'd with a very slimy *Mucus*.

He liv'd 21 Hours after the second Coat was drawn from him, and died in the End somewhat suddenly, tho' in his perfect Senses. I must add, that I never saw one in this Disorder attack'd with a *Delirium*.

VII. *An Examination of the Strength of several of the principal purging Waters, especially of that of Jessop's Well; by the Rev. Stephen Hales D. D. & F. R. S. communicated in a Letter to Cromwell Mortimer M. D. Secr. R. S. with a Letter from Swithin Adey M. D. F. R. S. to Dr. Hales, on the Virtues of the said Well.*

An Account of the several Quantities of Sediment which were found in a Pound Averdupois of the following purging Waters, evaporated away to Dryness, in Florence Flasks, cut to a wide Mouth; viz.

		Grains
Read May 24. 1750.	1. Marybon-Fields near London	24
	2. Peterstr. Brew-house Westm.	27
	3. Ebsham	34
	4. Scarborough,	40

And it was found nearly the same by Dr. Shaw and Dr. Short: A little more or less, according

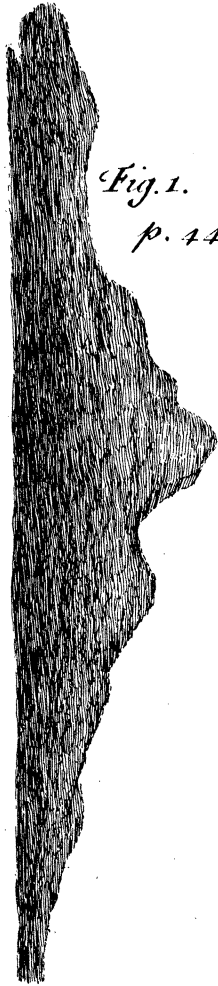


Fig. 1.

p. 443.

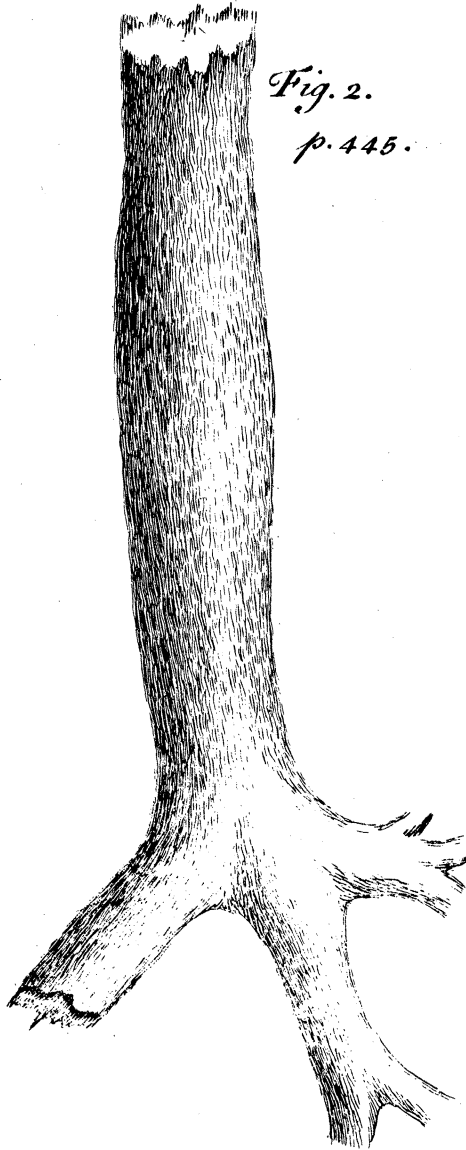


Fig. 2.

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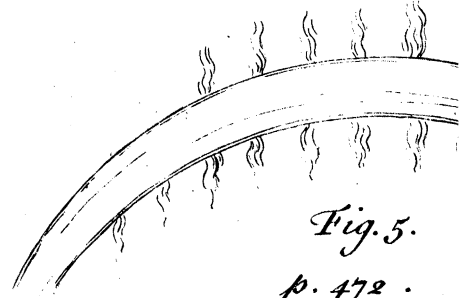


Fig. 5.

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Fig. 3.

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Fig. 4.

p. 458.

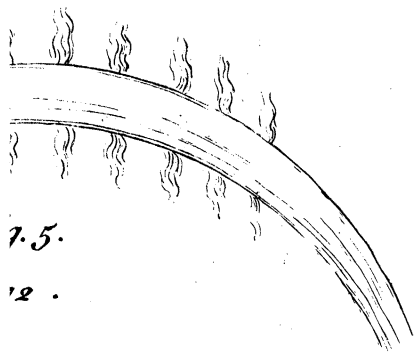


Fig. 6. p. 520.

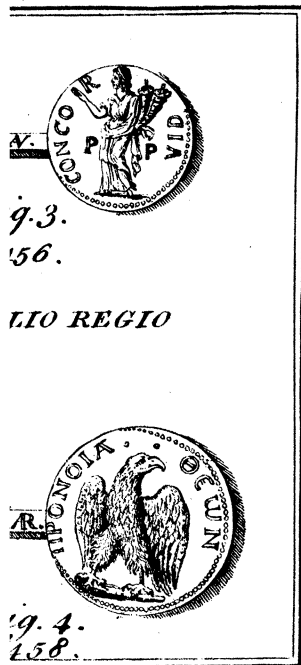
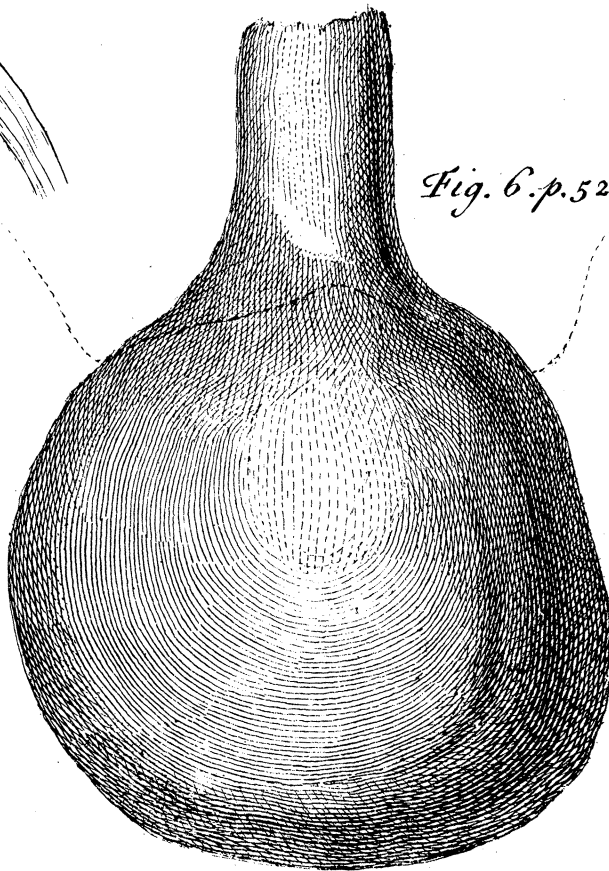




Fig. 1.
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Fig. 2.
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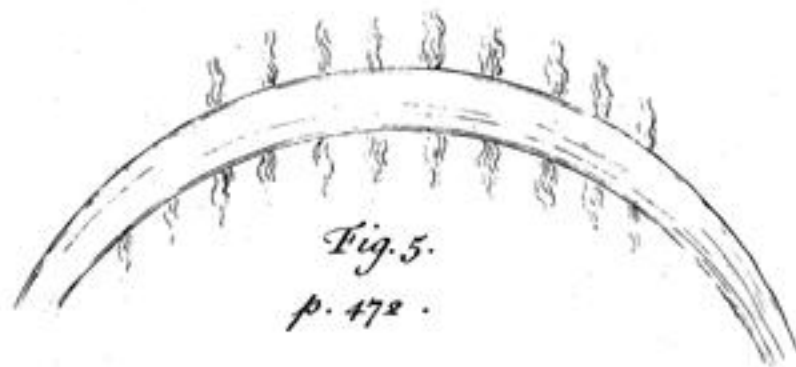


Fig. 5.
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Fig. 3.
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Fig. 4.
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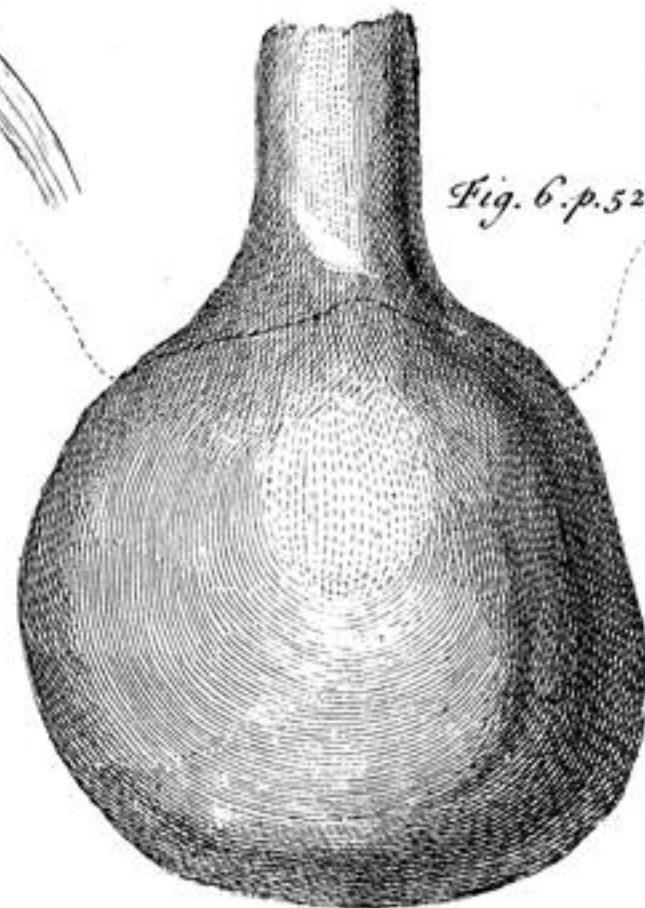


Fig. 6. p. 520.